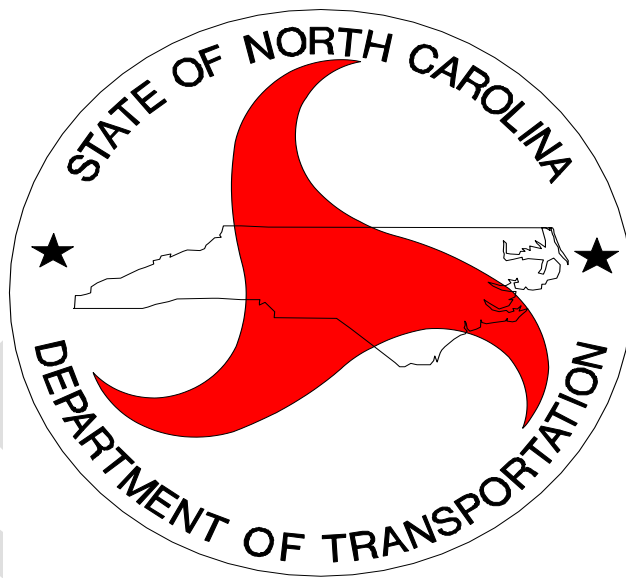


Small Professional Services Firm (SPSF) Program Guidelines



NEW APPLICATIONS AND RENEWALS

*(For use by firms in obtaining certification in
the Small Professional Services Firm program)*

Revised February 2012

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Small Professional Services Firm (SPSF) Program Guidelines

Policy Statement

It is the policy of the North Carolina Department of Transportation to ensure non-discrimination based on race, religion, color, creed, national origin, sex, handicapping condition or age in the award and performance of its contracts. The Department is committed to creating an equitable environment in which small businesses can compete fairly for contracts financed with federal and state funds under the Small Professional Services Firm (SPSF) program. The Department will take all reasonable and necessary steps to ensure equal opportunity in the administration of the Small Professional Services Firm program.

A copy of this program document containing the approved policy and guidelines is available for review by any interested individual at the following physical location and at the following web link:
<http://www.ncdot.org/business/ocs/spsf/>:

Delivery Address

Contractual Services Unit - SPSF
1 South Wilmington Street
Raleigh, North Carolina 27611

Mailing Address

Contractual Services Unit - SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509

Fax: 919-733-3584

Questions or requests for additional information regarding the SPSF program should be directed to the SPSF Certification Officer or the State Contractor Utilization Engineer at (919)707-4800. For outside Raleigh the number is 1-877-650-0130.

Eugene A. Conti, Jr.
Secretary of Transportation

Date

Victor Barbour, PE
Technical Services Administrator

Date

Robert A. Collier, Jr.
Board of Transportation Chairman

Date

Small Professional Services Firm (SPSF) Program Guidelines

Purpose

The Small Professional Services Firm (SPSF) program was developed to provide consultant opportunities for firms that meet the eligibility criteria to compete against other consultant firms that are comparably positioned in their industries. The Department of Transportation is committed to providing contractual opportunities to firms deemed eligible to participate in the SPSF program.

Authority

General Assembly House Bill 200, Session Law 2011-145, states that NCDOT will identify “Professional Services Contracts of \$250,000 or less that are likely to attract increased participation by Small Professional Services Firms and then direct the solicitation of applicable contracts to those firms”. This bill is used in conjunction with North Carolina General Statute 136-28.1(f) which states: “Notwithstanding any other provision of law, the Department of Transportation may solicit proposals under rules and regulations adopted by the Department of Transportation for all contracts for professional engineering services and other kinds of professional or specialized construction of transportation infrastructure. In order to promote engineering and design quality and ensure maximum competition by professional firms of all sizes, the Department may establish fiscal guidelines and limitations necessary to promote cost-efficiencies in overhead, salary, and expense reimbursement rates. The right to reject any and all proposals is reserved to the Board of Transportation.”

Eligibility

Any business established for profit that meets the certification standards outlined herewith is eligible for participation in the NCDOT’s SPSF program.

Small businesses determined to be eligible for participation in the program must meet size standards and verify the appropriate maximum gross receipts for their type of business. The specific annual gross receipts total will vary depending on the type of business and/or the type of services rendered.

History

The SPSF certification is a race-neutral certification established in 2007 by NCDOT in conjunction with the Federal Highway Administration. The General Assembly established the SPSF program by House Bill 200, Section 28.9 of the 2011 session.

Program Administration Requirements

SPSF projects shall meet typical Department standards for quality and performance, and firms must be prequalified by the Department in their disciplines to submit an interest/proposal and work for the Department.

Only those SPSF firms with current SPSF certification may submit their interest/proposal on a project advertised for SPSF firms unless there is an exception in the advertisement of the project.

SPSF firms are not limited to SPSF projects only.

Small Professional Services Firm (SPSF) Program Guidelines

Acronyms and Definitions used in this document

<u>SPSF</u>	Small Professional Services Firm - refers to the program and its participants.
<u>Race and Gender-neutral</u>	Measure or program in which goals are not consciously set in order to achieve significant participation by historically underutilized groups. In a race and gender-neutral program, other methods are used to achieve participation; i.e., aggressive outreach, targeted advertising, unbundling of work items, etc.
<u>NCDOT/Department</u>	North Carolina Department of Transportation
<u>Secretary</u>	The appointed official head of NCDOT, a member of the NC Governor's Cabinet.
<u>Contractual Services Unit</u>	The administrative oversight group has the responsibility for information management and policy development for the SPSF Program.
<u>Contractor Utilization & Certification Section</u>	Part of the Contractual Services Unit responsible for certification documentation and administration of the SPSF program.
<u>Shall</u>	The word "shall" is used to relay an absolute requirement for the contractor.
<u>Will</u>	The word "will" is used to relay responsibility of the Department.

Program Goals

The SPSF Program is a race and gender-neutral program. Participation in the SPSF program is available exclusively to those firms that meet the certification standards contained in this document with no regard to the individual characteristics (i.e. race, ethnicity, gender) of the owner.

Certification Standards

After reading the contents of this document, a firm meeting all the standards is encouraged to submit the forms shown in the back of this document or from the website <http://ncdot.gov/business/ocs/spsf/> . After the proper forms are received by the Department, they will be reviewed, and if found acceptable the firm will be placed on the Department's list of SPSF businesses.

A firm applying must certify that it complies with all these requirements. False statements could result in all applicable civil and criminal penalties being imposed, including but not limited to, the firm being barred from doing business with NCDOT.

In determining if a business meets the criteria for SPSF certification, the Department uses the following standards:

Small Professional Services Firm (SPSF) Program Guidelines

1. Size

- a. A SPSF must be a small business as defined by the Small Business Administration (SBA), 13 CFR Part 121 in Sector 54 to be eligible for participation in the NCDOT's SPSF program. The SBA determines the size by a firm's gross receipts or number of employees.
- b. The applicant must select the NAICS code(s) for the firm's industry and verify the firm's average receipts for the three previous tax years or average number of employees for each pay period over the company's last twelve months before submitting the application form.
- c. *Receipt* means the "total Income" (or in the case of a sole proprietorship, "gross income") plus "cost of goods sold" as these terms are defined and reported on Internal Revenue Service tax return forms.

2. Independence

The firm shall be independent as indicated by the absence of control or influence of a non-qualifying firm. The firm shall be free of such items as shared personnel, facilities, equipment, financial or other resources. The firm shall also be free of affiliation including common ownership, common management, and contractual relationships with non-qualifying firms, as well as current SPSF qualified firms. Possessing multiple SPSFs (i.e. "spin off" companies) with shared management, personnel, facilities, equipment, financial or other resources is prohibited in the program.

3. Integrity

The Department will consider whether a firm has exhibited a pattern of conduct indicating its involvement in attempts to evade or subvert the intent or requirements of the SPSF program. Examples include, but are not limited to:

- a. A firm, that would otherwise be deemed ineligible, establishes other firms for the distinct purpose of meeting the size requirement and participating in the SPSF Program.
- b. An SPSF business that is selected with the intent to sublet the work to another SPSF-qualified or non-qualified firm.
- c. A firm that submits letters of interest and is awarded contracts, but does not own or have independent access to equipment or resources necessary to perform the work.

4. For-Profit Business

The firm shall be a bona fide business that performs work for the purpose of making a profit.

- a. *Existing* assumes that the firm is currently operational and is no longer in the concept stage of development.
- b. The Department will not refuse to certify a firm solely on the basis that it is a newly formed firm.
- c. Not-for-profit organizations are not eligible for SPSF certification.

5. Cooperation

SPSF firms and firms seeking SPSF certification shall cooperate fully and promptly with the Department's requests for information relevant to the certification process, investigations and other requests for information. Failure or refusal to provide such information within the required timeframe is grounds for denial or removal of certification.

Small Professional Services Firm (SPSF) Program Guidelines

6. Other

- a. For a project requiring prequalification, a firm must be prequalified and certified as a SPSF at the time a letter of interest/proposal is submitted for the proposed work.
- b. Prequalification is an independent process that evaluates a firm's staffing, experience, and financial resources generally required to perform successfully on a project. For assistance with the consultant prequalification process, contact the Contractor Qualification Section of the Contractual Services Unit at (919) 707-4800. It should be noted that SPSF disciplines must match prequalified disciplines.
- c. SPSF firms that are found ineligible for participation or have otherwise been prohibited from participation due to size, independence and for profit, may apply for certification after the disqualifying condition ceases to exist. The Department must evaluate the eligibility of a firm on the basis of present circumstances and must not refuse to certify a firm based solely on historical information if the firm currently meets the standards of this part.
- d. Individuals who are citizens or lawfully admitted permanent residents of the United States must control the firm's management and daily business operations.
- e. A firm certified as a Disadvantaged Business Enterprise (DBE), Minority Business Enterprise (MBE), and/or Women's Business Enterprise (WBE) must apply separately for certification in the SPSF program.

Application Process

Applications for the SPSF program may be obtained from the Contractual Services Unit, at 919-707-4800 (or 1-877-650-0130 outside of Raleigh), from the website address: <http://www.ncdot.org/busines/ocs/spsf> or at the back of this document.

1. A complete application package includes the two-page application and a Substitute W-9 form.
2. Applications may be mailed to the following address:

NC Department of Transportation
Contractual Services Unit - SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509
3. Applications must be completed in their entirety, signed and notarized. Incomplete applications will not be accepted. Use N/A if not applicable.
4. The requirement for notarization will not support the acceptance of applications through electronic media unless the form has been converted and submitted in .pdf format. Applications will be accepted via facsimile if the notary seal is ink-stamped rather than embossed.
5. If the firm meets the eligibility requirements, the date of certification will be set based on the date the signatures are validated by the notary.

Small Professional Services Firm (SPSF) Program Guidelines

Changes to Information

1. Information Change Request Form

Submit an Information Change Request Form to the SPSF Certification Officer for any change in information of the firm in circumstances affecting a firm's ability to meet size, independence, profitability status, or any other requirements of this program, or any change in the information provided in the application form, within 30 days of the occurrence of the change.

2. Substitute W-9 Form

Firms that submit a request for changes to the firm's or owner's federal tax identification number shall submit such change on the Department's Substitute W-9 form.

Certification Renewal

Each year on the anniversary of the original SPSF certification, the SPSF is required to submit a new application that declares the business continues to meet the certification standards of this program. As a courtesy, the Department will send a reminder letter approximately thirty (30) days prior to the anniversary date. However, the SPSF is responsible for submitting the new forms by the anniversary date whether or not a reminder letter is received.

1. The Department will wait 30 days for a response from the SPSF.
 - a. If documentation has not been received by the anniversary date, the firm's certification will be removed.
 - b. If the appropriate documentation is received prior to the anniversary date, the Department will review the information to determine if the firm meets the eligibility standards.
2. If the firm does not meet eligibility standards for the application year, the firm's certification will be removed effective on the original anniversary date. The Department will prepare a "Denial" or "Decertification" notification outlining the reason(s) for denial or decertification.
3. Firms that are found ineligible for participation, or have otherwise been prohibited from participation, may reapply for certification after the disqualifying condition ceases to exist (i.e. size, independence, for profit).
4. In the case where a firm is decertified for failure to cooperate because the requested forms were not submitted in a timely manner, the firm may reapply for certification at its discretion.

Complaint Form

If a third party has reason to believe that a SPSF is not eligible for the SPSF status, it may submit an SPSF Eligibility Complaint Form. The form may be downloaded at the following weblink: <http://ncdot.gov/business/ocs/spsf/download/EligibilityComplaintForm.pdf> or found at the back of this document. After an investigation, the complainant will be notified by mail of the status and results of the investigation.

Third party complaint forms should be sent to the Contractual Services Unit at 1509 Mail Service Center, Raleigh, NC 27699-1509, Attention SPSF Certification Officer.

Small Professional Services Firm (SPSF) Program Guidelines

If, based on notification by the firm of a change in its circumstances or other information that comes to the Department's attention, it is determined that there is cause to question the firm's eligibility in the program, the Department reserves the right to investigate the company for compliance with the program.

Removal of SPSF Certification

- 1) A firm's SPSF certification may be removed for, but not limited to, any of the following reasons:
 - a. Exceeding the size standards;
 - b. Failing to cooperate with the Department's request for information;
 - c. Attempting to evade or subvert the intent of the SPSF program;
 - d. A decertification proceeding can also commence because of a directive from the Department.

If a firm's SPSF certification is removed, the firm will be notified by letter from the Department stating the reason for removal, the appeal rights, procedure, and the timeline for a response if the firm feels the removal is unjustified.

In the case where the firm has exceeded the limit set by SBA requirements for its industry, and documentation is available to substantiate the excess, the firm cannot appeal the decision by the Department to decertify as a SPSF.

A firm's loss of prequalification may not impact the SPSF certification. However, prequalification is necessary for a firm to perform work on any project awarded by the Department.

It should be noted that removal of the SPSF certification alone does not prevent a firm from working with NCDOT.

Appeals Process for Denial or Decertification of an SPSF

The appeals process may be initiated by the applicant upon receipt of an initial denial or decertification letter sent by the Department. The denial or decertification letter will explain to the applicant the reason for the denial or decertification, provide appeal procedures, and a timeline to appeal.

The applicant or firm must inform the Department *in writing* of the intent to appeal the denial or decertification decision *within 30 days* from the date shown on the denial or decertification letter or the decision will stand.

When the intent to appeal is received, the Department must give the firm an opportunity for an informal hearing, at which time the firm may respond to the decertification or denial in person and provide information and arguments concerning why it should remain or be certified.

Directory of Transportation Firms

The Department will maintain an electronic directory identifying all firms eligible to participate as a SPSF. The on-line directory will be available at the following weblink: <https://partner.ncdot.gov/VendorDirectory/default.html>.

The SPSF will be responsible for reviewing and ensuring the information provided in the directory is accurate. For changes to the information displayed on the directory, the firm shall submit an **Information Change Request Form** to the Contractual Services Unit, Attention: SPSF Certification Officer.

Small Professional Services Firm (SPSF) Program Guidelines

Compliance and Enforcement

Any person who believes the Department has failed to comply with its obligations under these guidelines may file a written complaint with the Technical Services Administrator. The complaint shall be filed no later than 90 days after the date of the alleged violation or on the date that the SPSF learned of a continuing course of conduct in violation of these guidelines. In response to the written request, the Technical Services Administrator may extend the time for filing, specifying in writing the reason why.

Send Completed form to:

Contractual Services Unit - SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509

North Carolina Contractual Services Unit
Small Professional Services Firm (SPSF)
Contractor's Certification

For Official Use Only

Vendor # _____

1	Firm's Name			
2	Type of Business Entity	<input type="checkbox"/> Individual (use SSN) <input type="checkbox"/> Sole Proprietorship (use SSN or Fed ID#) <input type="checkbox"/> Partnership (use Fed ID#) <input type="checkbox"/> Corporation (use Fed ID#) <input type="checkbox"/> Estate/Trust (use Fed ID #)		
3	Social Security No. or Federal ID # (Enter one based on your firm's business entity)	_____ - _____ - _____ (Social Security #) _____ or _____ _____ <input type="checkbox"/> _____ (Federal Tax ID)		
4	Owner's Information • If there are more than two owners, please attach additional sheets. • Ownership percentages must total 100%. • Gender and Ethnicity information is not eligibility criteria and is gathered for reporting purposes only	Name Owner 1: _____ % Ownership: _____ Gender: _____ Ethnicity: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American		Name Owner 2: _____ % Ownership: _____ Gender: _____ Ethnicity: <input type="checkbox"/> Asian/Pacific American <input type="checkbox"/> African American <input type="checkbox"/> Caucasian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Native American <input type="checkbox"/> Subcontinent Asian American
5	Contact Information (You must include area codes)	Business Phone: _____ Fax Number: _____ Business Cell Phone: _____ Pager: _____ Email: _____		
6	Address Information (You must include entire street, city, state, and zip code)	Physical Address: _____		Mailing Address: _____
7	Financial Information	Previous Tax Year _____ Receipts: \$ _____	Year 2: _____ Receipts: \$ _____	Year 3: _____ Receipts: \$ _____

Small businesses, as defined by the Small Business Administration in Sector 54, are eligible for participation in the Department of Transportation's Small Professional Services Firm (SPSF) certification program. Information submitted is subject to verification by NCDOT. False statements could result in criminal penalties being imposed, including but not limited to the above firm being barred from doing business with NCDOT.

I hereby certify that the business listed above meets the criteria for the SPSF program.

STATE OF: _____ COUNTY OF _____ I _____, A Notary Public for said State, County, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____ 20 _____ <div style="display: flex; justify-content: space-between;"> <div> _____ (Signature Owner/Officer) </div> <div> _____ (Notary Signature) </div> <div> Seal } </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> _____ (Title) </div> <div> My commission expires _____ 20 _____ </div> </div>

The North Carolina Department of Transportation uses Small Business Administration (SBA) size standards to determine whether a business entity is small and, thus, eligible for participation in the SPSF program. Size standards have been established for Professional, Scientific, and Technical Services under the North American Industry Classification System (NAICS). The size standards are expressed either in number of employees or annual receipts in millions of dollars, and indicates the maximum allowed for a business and its affiliates to be considered small.

Please select the NAICS code for your industry by placing a check in the box. Verify your firm's average receipts for the three previous tax years before submitting this form. *Receipts* means "total income" (or in the case of a sole proprietorship, "gross income") plus "cost of goods sold" as these terms are defined and reported on Internal Revenue Service tax return forms.

<input type="checkbox"/>	NAICS Code	NAICS U. S. Industry Title Sector 54 – Professional, Scientific and Technical Services	Size Standards (in millions of dollars)	Size Standards (in number of employees)
	541110	Offices of Lawyers	7.0	
	541191	Title Abstract and Settlement Offices	7.0	
	541199	All Other Legal Services	7.0	
	541211	Offices of Certified Public Accountants	8.5	
	541213	Tax Preparation Services	7.0	
	541214	Payroll Services	8.5	
	541219	Other Accounting Services	8.5	
	541310	Architectural Services	4.5	
	541320	Landscape Architectural Services	7.0	
	541330	Engineering Services	4.5	
	541340	Drafting Services	7.0	
	541350	Building Inspection Services	7.0	
	541360	Geophysical Surveying and Mapping Services	4.5	
	541370	Surveying and Mapping (except Geophysical) Services	4.5	
	541380	Testing Laboratories	12.0	
	541410	Interior Design Services	7.0	
	541420	Industrial Design Services	7.0	
	541430	Graphic Design Services	7.0	
	541490	Other Specialized Design Services	7.0	
	541511	Custom Computer Programming Services	25.0	
	541512	Computer Systems Design Services	25.0	
	541513	Computer Facilities Management Services	25.0	
	541519	Other Computer Related Services	25.0	
	541611	Administrative Management and General Management Consulting Services	7.0	
	541612	Human Resources Consulting Services	7.0	
	541613	Marketing Consulting Services	7.0	
	541614	Process, Physical Distribution, and Logistics Consulting Services	7.0	
	541618	Other Management Consulting Services	7.0	
	541620	Environmental Consulting Services	7.0	
	541690	Other Scientific and Technical Consulting Services	7.0	
	541711	Research and Development in Biotechnology		500
	541712	Research and Development in the Physical, Engineering, and Life Sciences (except Biotechnology)		500
	541720	Research and Development in the Social Sciences and Humanities	7.0	
	541810	Advertising Agencies	7.0	
	541820	Public Relations Agencies	7.0	
	541830	Media Buying Agencies	7.0	
	541840	Media Representatives	7.0	
	541850	Display Advertising	7.0	
	541860	Direct Mail Advertising	7.0	
	541870	Advertising Material Distribution Services	7.0	
	541890	Other Services Related to Advertising	7.0	
	541910	Marketing Research and Public Opinion Polling	7.0	
	541921	Photography Studios, Portrait	7.0	
	541922	Commercial Photography	7.0	
	541930	Translation and Interpretation Services	7.0	
	541940	Veterinary Services	7.0	
	541990	All Other Professional, Scientific, and Technical Services	7.0	

VENDOR REGISTRATION FORM
NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

Vendor # _____

Pursuant to Internal Revenue Service (IRS) Regulations, vendors must furnish their Taxpayer Identification Number (TIN) to the State. If this number is not provided, you may be subject to a 20% withholding on each payment. To avoid this 20% withholding and to insure that accurate tax information is reported to the Internal Revenue Service and the State, please use this form to provide the requested information exactly as it appears on file with the IRS.

INDIVIDUAL AND SOLE PROPRIETOR: ENTER NAME AS SHOWN ON SOCIAL SECURITY CARD
CORPORATION OR PARTNERSHIP : ENTER YOUR LEGAL BUSINESS NAME

NAME: _____

MAILING ADDRESS: STREET/PO BOX: _____

CITY, STATE, ZIP: _____

DBA / TRADE NAME (IF APPLICABLE): _____

BUSINESS DESIGNATION: ☐ INDIVIDUAL (use Social Security No.) ☐ SOLE PROPRIETER (use SS No. or Fed ID No.)
☐ CORPORATION (use Federal ID No.) ☐ PARTNERSHIP (use Federal ID No.)
☐ ESTATE/TRUST (use Federal ID no.) ☐ STATE OR LOCAL GOVT. (use Federal ID No.)
☐ OTHER / SPECIFY _____

SOCIAL SECURITY NO. _____ - _____ - _____ (Social Security #)

OR

FED. EMPLOYER IDENTIFICATION NO. _____ - _____ (Employer Identification #)

COMPLETE THIS SECTION IF PAYMENTS ARE MADE TO AN ADDRESS OTHER THAN THE ONE LISTED ABOVE:

REMIT TO ADDRESS: STREET / PO BOX: _____

CITY, STATE, ZIP: _____

Participation in this section is voluntary. You are not required to complete this section to become a registered vendor. The information below will in no way affect the vendor registration process and its sole purpose is to collect statistical data on those vendors doing business with NCDOT. If you choose to participate, circle the answer that best fits your firm's group definition.

What is your firm's ethnicity? ☐ Prefer Not To Answer, ☐ African American, ☐ Native American, ☐ Caucasian American, ☐ Asian American,
☐ Hispanic American, ☐ Asian-Indian American, ☐ Other: _____

What is your firm's gender? ☐ Prefer Not to Answer, ☐ Male, ☐ Female; **Disabled Owned Business?** ☐ Prefer Not to Answer, ☐ Yes, ☐ No

IRS Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>.

NAME (Print or Type) _____

TITLE (Print or Type) _____

SIGNATURE _____

DATE _____

PHONE NUMBER _____

Completed forms should be returned promptly to:

Contractual Services Unit - SPSF
 1509 Mail Service Center
 Raleigh, North Carolina 27699-1509
 PHONE (919) 707-4800 FAX (919) 733-3584

Send Completed form to:
 Contractual Services Unit - SPSF
 1509 Mail Service Center
 Raleigh, NC 27699-1509
 -----or-----
 Fax to (919) 733-3584



For Official Use Only
 Vendor # _____

Small Professional Services Firm Program Information Change Request

Use this form to update information that is contained in the source database and displayed on the Contractor Directory.
 The firm's owner must approve all changes.

1	Name of Firm		
2	Contact Information <i>(Please include area codes)</i> <i>(Indicate if any of this information is new by adding (New) next to the entry)</i>	Business Phone: _____ Fax Number: _____ Cell Phone: _____ Pager: _____ Email: _____	
		CURRENT INFORMATION	CHANGE TO:
3	Contact Name		
4	Type of Business Entity	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation Other: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
5	Federal Tax ID (or SSN)		
6	Change in Ownership <i>(add % of Ownership for each individual)</i>	Name of Owner 1: _____ %_____ Name of Owner 2: _____ %_____ Name of Owner 3: _____ %_____ Name of Owner 4: _____ %_____ 	Name of Owner 1: _____ %_____ Name of Owner 2: _____ %_____ Name of Owner 3: _____ %_____ Name of Owner 4: _____ %_____
7	Mailing Address of Firm		
8	Street Address <i>(if different from above)</i>		
9	NCDOT Work Codes <i>(if applicable)</i>	_____ _____ _____	_____ _____ _____
10	NAICS Codes	_____ _____ _____	_____ _____ _____

I declare under penalty of perjury that the information provided on this form is true and correct.

Signature of majority owner _____ Date (mm/dd/yy) _____



STATE OF NORTH CAROLINA
Small Professional Services Firm Program
SPSF Eligibility Complaint Form

Send completed form to: Contractual Services Unit
ATTN: SPSF
1509 Mail Service Center
Raleigh, NC 27699-1509

I have reason to believe that _____ (*enter name of firm*)
does not meet the eligibility standards for a Small Professional Services Firm. I believe this firm is
ineligible for following reasons:

I understand that I must have this form notarized before submitting it to your office and that my
confidentiality will be maintained, unless otherwise required to be disclosed by law, until the end of the
forthcoming investigation of this complaint.

(Signature)

(Date)

NOTE - AFFIDAVIT MUST BE NOTARIZED

STATE OF: _____		
COUNTY OF _____		
I _____, A Notary Public for said State, County, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.		
Witness my hand and official seal, this _____ day of _____ 20____		
_____ (Signature Owner/Officer)	_____ (Notary Signature)	Seal }
_____ (Title)	My commission expires _____ 20____	